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Application Number	09/631,583
Filing Date	August 3, 2000
First Named Inventor	Gad Lwerant
Art Unit	2823
Examiner Name	Dominic D. Saltarelli
Attorney Docket Number	5882-083847

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number:

OR

☒ Firm or  
Individual Name

The Webb Law Firm

Address

436 Seventh Avenue  
700 Koppers Building

City

Pittsburgh

State

PA

Zip

15219

Country

United States

Telephone

412-471-8815

Email

webblaw@webblaw.com

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Gad Lwerant

Date

11/15/2009

Telephone

617-230-2247

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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